

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: APPARATUS AND METHODS FOR APPLYING  
A STRAP AROUND A BUNDLE OF OBJECTS

Attorney Docket Number:: 720004.535

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 23

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?::

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Ross  
Middle Name::  
Family Name:: Armstrong  
Name Suffix::  
City of Residence:: Grimsby  
State or Province of Residence:: ON  
Country of Residence:: Canada  
Street of mailing address:: 1 Red Haven Drive  
City of mailing address:: Grimsby  
State or Province of mailing address:: ON  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: L3M 5J7

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Yee  
Middle Name::  
Family Name:: Chak  
Name Suffix::  
City of Residence:: Hoquiam  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: P.O. Box 152

City of mailing address:: Hoquiam  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98550

**Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Donald  
Middle Name:: A.  
Family Name:: Smith  
Name Suffix::  
City of Residence:: Aberdeen  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 619 Fairway Drive  
City of mailing address:: Aberdeen  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98520

**Correspondence Information**

Correspondence Customer Number :: **00500**

**Representative Information**

Representative Customer Number::		<b>00500</b>
----------------------------------	--	--------------

**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/442,345	01/24/03

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Enterprises International, Inc.
Street of mailing address::	P.O. Box 293
City of mailing address::	Hoquiam
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98550-0359

449641\_1.DOC